## FILING DATE 84-25-01 **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER 1st AMEXIMENT 2nd AMEXIMENT AS FILED DEP. DO). DEP. OEP. 000. DED. 840. DEP. DID. OEP. BCD. OEP. × 5' ī TOTAL TOTAL IND. TOTAL DEP. TOTAL CLAIMS **≨** Φ dants 6 / \* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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